

# Assistive Technology State Grant Program

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	Cooperative buying program	N/A
	Financing for home modifications program	N/A
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# **Assistive Technology State Grant Program**

## **Vermont State Plan for FY 2009-2011 Section A. Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity**

- 1    Name Given to Statewide AT Program.                      Vermont Assistive Technology Program
- 2    Website dedicated to Statewide AT Program    [Http://www.dail.state.vt.us/atp](http://www.dail.state.vt.us/atp)
- 3    Name and Address of Lead Agency  
     Department of Disabilities, Aging and Independent Living  
     103 South Main Street  
     Weeks Bldg  
     Waterbury, VT 05671
- 4    Name, Title, and Contact Information for Lead Agency Certifying Representative.  
     Joan Senecal, Commissioner  
     Dept. of Disabilities, Aging and Independent Living  
     103 South Main Street  
     Weeks Bldg  
     Waterbury, VT 05671  
     802-241-2403  
     joan.senecal@ahs.state.vt.us
- 5    Information about Program Director at Lead Agency.  
     Julie Tucker, Director  
     Vermont Assistive Technology Program  
     103 South Main St.-Weeks Bldg.  
     Waterbury VT 05671-2305  
     Phone: 802-241-2672  
     Fax: 802-241-2174  
     Email: julie.tucker@ahs.state.vt.us  
     [www.dail.state.vt.us/atp](http://www.dail.state.vt.us/atp)  
     100% FTE
- 6    Information about Program Contact(s) at Lead Agency.  
     Susan Seymour, Accountant  
     Dept. of Disabilities, Aging and Independent Living

103 South Main Street  
Weeks Bldg  
Waterbury, VT 05671  
802-241-2121  
susan.seymour@ahs.state.vt.us

- 7 Telephone at Lead Agency for Public. 802-241-2620
- 8 E-mail at Lead Agency for Public. atinfo@ahs.state.vt.us
- 9 Select the most appropriate descriptor of the agency/division/bureau directly responsible for the Statewide AT Program within the Lead Agency.  
General or Combined Vocational Rehabilitation Agency
- 10 If Other was selected for question 9, identify and describe the agency.
- 11 Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf?  
No  
  
If you answered no to question 11, you may skip ahead to the next page. Otherwise, you must answer the following questions.
- 12 Name and Address of Implementing Entity.
- 13 Information about Program Director at the Implementing Entity.
- 14 Information about Program Contact(s) at Implementing Entity.
- 15 Telephone at Implementing Entity for Public.
- 16 E-mail at Implementing Entity for Public.
- 17 Select the most appropriate descriptor of the type of organization that is the Implementing Entity.
- 18 If Other was selected, identify and describe the entity.
- 19 Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state.
- 20 Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan?

No

If you answered no to question 20, you may skip ahead to the next page. Otherwise, you must answer the following questions.

- 21 Explain why the Lead Agency previously designated by your state should not serve as the Lead Agency.
- 22 Explain why the Lead Agency newly designated by your state should not serve as the Lead Agency.
- 23 Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in your previous State Plan?

If you answered no or not applicable to question 23, you may skip ahead to the next page. Otherwise, you must answer the following questions.

- 24 Explain why the Implementing Entity previously designated by your state should not serve as the Implementing Entity.
- 25 Explain why the Implementing Entity newly designated by your state should serve as the Implementing Entity

# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 Section B: Advisory Council, Budget Allocations, and Identification of Activities Conducted

**NOTE: You MUST answer questions 11&12 in order to set up the rest of your form.**

- 1 In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Yes
- 2 The advisory council includes a representative of the designated State agency, as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705) Yes
- 3 The advisory council includes a representative of the State agency for individuals who are blind (within the meaning of section 101 of that Act (29 U.S.C. 721)); Yes
- 4 The advisory council includes a representative of a State center for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.); Yes
- 5 The advisory council includes a representative of the State workforce investment board established under section 111 of the Workforce Investment Act of 1998 (29 U.S.C. 2821); Yes
- 6 The advisory council includes a representative of the State educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 Yes
- 7 The advisory council includes other representatives (list below)  
Higher Ed  
AT Professional
- 8 The advisory council includes the following number of individuals with 6

disabilities that use assistive technology or their family members or guardians:

- 9 If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain below.

We currently have a consumer vacancy on our council which we are in the process of filling.

- 10 Proposed Budget Allocations

State-level Activities	Proposed Budget Allocation for Entire Annual Award
State Financing Activities	\$10,001-\$20,000
Device Reutilization Activities	\$30,001-\$40,000
Device Loan Activity	\$60,001-\$70,000
Device Demonstration Activity	\$90,001-\$100,000
State Leadership Activities	more than \$100,000

- 11 For every activity for which you selected "claiming comparability" in item 10, describe the comparable activity.

- 12 Describe your planned procedures for tracking expenditures for State-level and State Leadership activities.

Vermont Assistive Technology through their lead agency, Division of Vocational Rehabilitation (DVR), tracks grant expenditures through the State of Vermont accounting system that uses PEOPLESOFT® software and allocates indirect expenses through a cost allocation plan.

The State will meet all financial terms and conditions received with the Federal Award. The Department currently has over fifty different federal and private grants. Many have unique financial reporting requirements. DVR has no reason to believe that the current Peoplesoft software used for state accounting cannot accommodate the terms and conditions with this grant.

- 13 State Financing Activities Performed

State Financing Activities	Activities Performed (select all that apply)
Financial loan program	
Access to telework loan fund	
Cooperative buying program	
Financing for home modifications program	
Telecommunications distribution program	
Last resort program	
Other program	Checked

Other Activities Performed

Device Reutilization, Device Loan, and Device Demonstration Activities	Number of Activities Performed
How many device exchange programs do you support?	2
How many device reassignment programs do you support?	2

How many device loan programs do you support?	2
How many device demonstration programs do you support?	2

14 What is the baseline year for the measurable goals for this state plan? 2007

# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 C State Financing Activities

### Other program

1 Enter the year when the program began conducting this activity. 2007

2 Who conducts this activity? Check all that apply.

The Statewide AT Program

Yes

Other entities (e.g. contractors)

No

3 The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. No

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. Yes

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

4 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide	b. Receive	c. Receive	d. Collaborate
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	support	support from the state	support from these private entities	with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	Yes	Yes
Employment-related agency	No	No	No	Yes
Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	No	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	Yes	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	Yes	No	Yes	Yes
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

- 5 Select the option that best describes from where this activity is conducted.  
One central location
- 6 If you indicated the use of regional sites, from how many regional sites is the activity conducted?
- 7 This activity is available (choose all that apply)
- |            |     |
|------------|-----|
| By website | No  |
| By phone   | Yes |
| By e-mail  | Yes |
| By mail    | Yes |
| In person  | Yes |

8 Describe the activity.

The AT Program administers funds for a private nonprofit autism foundation. We determine eligibility for grants from the foundation for Vermonters under the age of 18 with autism; help parents decide what AT equipment or services to purchase and where to purchase the equipment and how to access services. We order the equipment and have it delivered to the parents.

# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 D Device Reutilization Activities

### Device Exchange (1 of 2)

- 1 Select the option that best describes the type of exchange.  
General device exchange
- 2 If you indicated this is a general exchange, describe it. If this exchange is part of a collaborative among states, identify the states and how the collaborative works as part of your description.  
www.getatstuff.com is a New England regional collaborative, the first multi-state collaborative of AT Programs providing device exchange. The website provides users the ability to list devices they wish to sell or donate as well as list items they may need. The website is searchable by categories or states. Because the NE states are so close in proximity to each other it did not make sense to require people to search each state separately. The Vermont program provides a toll free number so people who do not have internet access can receive assistance in getting their items or needs listed.
- 3 If you indicated that your device exchange serves a particular entity or agency, identify the entity or agency and describe the purpose of the exchange:  
n/a
- 4 Enter the year when the program began conducting this activity. 2007
- 5 Who conducts this activity? Check all that apply.  
The Statewide AT Program Yes  
Other entities (e.g. contractors) Yes
- 6 The Statewide AT Program provides and/or receives the following support (choose all that apply).  
Provides financial support to other entities via an agreement with the Statewide AT Program. Yes  
Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes  
Receives financial support from the state. Yes  
Receives in-kind support from the state. No

Receives financial support from private entities.	No
Receives in-kind support from private entities.	No
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	Yes
Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.	Yes
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	Yes

- 7 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.
- If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.
- If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.
- If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	Yes
Easter Seals	No	No	No	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	Yes	No	Yes
Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	No	No	No	Yes
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	Yes	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No

Technology agency	No	No	No	No
UCP	No	No	No	No
Other	Yes	No	No	Yes

- 8 Select the option that best describes from where this activity is conducted.

One central location

- 9 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

- 10 This activity is available (choose all that apply)

By website	Yes
By phone	Yes
By e-mail	Yes
By mail	Yes
In person	Yes

- 11 The online page for this activity can be found at

<http://www.getatstuff.com>

- 12 Select the option that best describes what happens when a device is exchanged.  
the transaction is direct consumer-to-consumer

- 13 Select the option that best describes the policy of the program for charging individuals with disabilities for a device.

Nothing

- 14 Provide any additional information about this activity you wish to share.

The collaboration of the NE AT programs saved money for all involved because only one website had to be developed, paid for and maintained. The programs shared strategies for marketing; providing each other with no-cost access to each other's materials. We teleconference once a month to talk about getatstuff as well as other AT program issues. We also collaborated on writing a manual for the operation of getatstuff which will be in place for our successors in the future and provide a good training base for any new staff.

# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 D Device Reutilization Activities

### Device Exchange (2 of 2)

- 1 Select the option that best describes the type of exchange.  
Device exchange for targeted agencies or entities
- 2 If you indicated this is a general exchange, describe it. If this is exchange is part of a collaborative among states, identify the states and how the collaborative works as part of your description.  
www.Vermont.ATSchoolSwap.com is an offshoot of our NE collaborative general online exchange program. Connecticut started the development of a website to deal specifically with schools based on www.getatstuff.com and Vermont collaborated with them to add some extra features for schools. Now Massachusetts and Maine are beginning to use the site for their schools as well. CT,VT and ME will be presenting the concept at the Jan. 2009 ATIA conference.
- 3 If you indicated that your device exchange serves a particular entity or agency, identify the entity or agency and describe the purpose of the exchange:  
AT School Swap serves Vermont schools K-12 for the purpose of allowing schools to exchange AT among themselves. It is different from the public exchange website because it is only available to schools thru password protection and sign-off by the school's special education administrator to participate. It also offers an inventory feature that allows schools to either enter their inventory or have our software developer upload 100 items at a time. The inventory feature encourages schools to see what they actually have and if it is being used. Other schools can view the inventory and get peer advice about how a particular AT device worked for them.
- 4 Enter the year when the program began conducting this activity. 2008
- 5 Who conducts this activity? Check all that apply.  
The Statewide AT Program Yes  
Other entities (e.g. contractors) Yes
- 6 The Statewide AT Program provides and/or receives the following support (choose all that apply).  
Provides financial support to other entities via an agreement with the Statewide AT Yes

Program.

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. Yes

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

7 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	Yes	No	No	Yes
Employment-related agency	No	Yes	No	Yes
Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	Yes	Yes	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals	No	No	No	No

with physical disabilities				
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

- 8 Select the option that best describes from where this activity is conducted.  
One central location
- 9 If you indicated the use of regional sites, from how many regional sites is the activity conducted?
- 10 This activity is available (choose all that apply)
- |            |     |
|------------|-----|
| By website | Yes |
| By phone   | Yes |
| By e-mail  | Yes |
| By mail    | Yes |
| In person  | Yes |
- 11 The online page for this activity can be found at  
<http://www.atschoolswap.com>
- 12 Select the option that best describes what happens when a device is exchanged.  
the transaction is direct consumer-to-consumer
- 13 Select the option that best describes the policy of the program for charging individuals with disabilities for a device.  
Nothing
- 14 Provide any additional information about this activity you wish to share.  
The unique features of the school based exchange website include password protection, only allowing school personnel to participate with the special education administrator's approval schools and a feature that allows the uploading of the school's inventories of equipment. Other features being developed include postings of school based trainings and the ability to see if a certain device is being used in any school enabling another school to access professional advice.



# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 D Device Reutilization Activities

### Device Reassignment (1 of 2)

- 1 Select the option that best describes the reassignment program  
reassigns computers only
- 2 Enter the year when the program began conducting this activity. 2008
- 3 Who conducts this activity? Check all that apply.

The Statewide AT Program	No
Other entities (e.g. contractors)	Yes
- 4 The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.	Yes
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	No
Receives financial support from the state.	No
Receives in-kind support from the state.	No
Receives financial support from private entities.	No
Receives in-kind support from private entities.	No
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	No
Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.	Yes
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	No
- 5 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.  
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.  
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	No
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	Yes	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

6 Select the option that best describes from where this activity is conducted.

One central location

7 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

8 This activity is available (choose all that apply)

By website Yes

By phone Yes

By e-mail	Yes
By mail	Yes
In person	Yes

- 9 Select the option that best describes the policy of the program for charging individuals with disabilities for a device.

Nothing

- 10 Select the option that best describes the policy of the program for charging professionals for a device.

Nothing

- 11 How do you get the device to the consumer?

The consumer picks up the device at a designated site

- 12 In the following table, select by device type how the device is reassigned. Select the top two used by the program.

Type of device	Based on consumer choice and/or request	A professional recommendation is required	Qualified program staff match it to the consumer	Qualified consultants and/or volunteers match it to the consumer	The device is provided through a qualified third-party	Not applicable - this type of device is not made available
Vision	No	No	No	No	No	Yes
Hearing	No	No	No	No	No	Yes
Speech Communication	No	No	No	No	No	Yes
Learning, Cognition, and Developmental	No	No	No	No	No	Yes
Mobility, Seating, and Positioning	No	No	No	No	No	Yes
Daily Living	No	No	No	No	No	Yes
Environmental Adaptations	No	No	No	No	No	Yes
Vehicle Modification and Transportation	No	No	No	No	No	Yes
Recreation, Sports, and Leisure Equipment	No	No	No	No	No	Yes
Computer and Associated Equipment	Yes	No	Yes	No	No	No

- 13 If applicable, describe how consumers demonstrate the need for devices.  
As a National Cristina partner organization, our subcontractor provides recycled computers to parents or guardians of children with disabilities and in some cases adults with disabilities. Computers are made available on a first come first serve basis with financial need serving as a guiding factor.
- 14 Describe any supports provided to the consumer to ensure successful use of the device.  
Consumers are asked if they have experience using a computer and what they will be using it for, i.e., adaptive software. If they need assistance or training that is provided by the subcontractor, Vermont Family Network's AT staff .
- 15 If this is an open-ended loan program, describe it.  
This year we are beginning to structure the program as an open ended loan program in order to get more computers into the hands of consumers. The AT Program has access to state surplus computers and will purchase them at low cost. Our subcontractor staff will refurbish computers as needed, match them with consumers and make them available as long term loans.
- 16 Provide any additional information about this activity you wish to share.  
The National Cristina Foundation provides computer technology to individuals with disabilities, students at risk, and those who are economically disadvantaged. The goal of the program is to provide additional tools for these individuals to lead more independent and productive lives.

# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 D Device Reutilization Activities

### Device Reassignment (2 of 2)

- 1 Select the option that best describes the reassignment program reassigns general AT
- 2 Enter the year when the program began conducting this activity. 2008
- 3 Who conducts this activity? Check all that apply.

The Statewide AT Program	Yes
Other entities (e.g. contractors)	Yes
- 4 The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.	Yes
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	Yes
Receives financial support from the state.	Yes
Receives in-kind support from the state.	No
Receives financial support from private entities.	No
Receives in-kind support from private entities.	Yes
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	Yes
Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.	Yes
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	Yes
- 5 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.  
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.  
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	Yes
Easter Seals	No	No	No	No
Education-related agency	No	No	No	No
Employment-related agency	No	Yes	No	Yes
Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	No	No	No	Yes
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	No	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	Yes	Yes	Yes	Yes

6 Select the option that best describes from where this activity is conducted.

One central location

7 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

8 This activity is available (choose all that apply)

By website Yes

By phone Yes

By e-mail	Yes
By mail	No
In person	Yes

- 9 Select the option that best describes the policy of the program for charging individuals with disabilities for a device.

A fee on a variable or sliding scale

- 10 Select the option that best describes the policy of the program for charging professionals for a device.

A fee on a variable or sliding scale

- 11 How do you get the device to the consumer?

The consumer picks up the device at a designated site

- 12 In the following table, select by device type how the device is reassigned. Select the top two used by the program.

Type of device	Based on consumer choice and/or request	A professional recommendation is required	Qualified program staff match it to the consumer	Qualified consultants and/or volunteers match it to the consumer	The device is provided through a qualified third-party	Not applicable - this type of device is not made available
Vision	No	No	No	No	No	No
Hearing	No	No	No	No	No	No
Speech Communication	No	No	No	No	No	No
Learning, Cognition, and Developmental	No	No	No	No	No	No
Mobility, Seating, and Positioning	Yes	No	No	No	No	No
Daily Living	Yes	No	No	No	No	No
Environmental Adaptations	Yes	No	No	No	No	No
Vehicle Modification and Transportation	No	No	No	No	No	No
Recreation, Sports, and Leisure Equipment	Yes	No	No	No	No	No
Computer and Associated Equipment	No	No	No	No	No	No

- 13 If applicable, describe how consumers demonstrate the need for devices.  
Consumers may qualify for free or reduced costs devices based on income. This policy is the same that is applied organization wide with the subcontractor for any items they recycle.
- 14 Describe any supports provided to the consumer to ensure successful use of the device.  
Many consumers initially come to us looking for devices and we match them with the subcontractor. We recommend the proper assessments for wheelchairs and other mobility devices. Many times it is the PT, OT, SLP, or AT professional, etc. who is coming to look at the item for the consumer.
- 15 If this is an open-ended loan program, describe it.  
n/a
- 16 Provide any additional information about this activity you wish to share.  
This program is operated thru Recycle North (RN), the state's largest recycling business. Vermont's AT Program was given a large donation of durable medical equipment and AT to be made available to the public. We contracted with RN to warehouse and inventory the items and make available to the public. Other small "mom and pop" type AT recyclers also have access to items for their consumers in other parts of the state. This is all part of a statewide plan to have all DME/AT recyclers be part of a network that works with the online exchange programs as well.



# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 E Device Loan Activity (1 of 2)

- 1 Select the option that best describes the type of program.  
General program
- 2 If you indicated that you have a device loan program for targeted consumers or devices, describe the specific types of consumers or devices for whom this device loan program is intended and why.  
n/a
- 3 If you indicated that you have a device loan program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program.  
n/a
- 4 If you selected other, describe  
n/a
- 5 Enter the year when the program began conducting this activity. 1998
- 6 Who conducts this activity? Check all that apply.

The Statewide AT Program	Yes
Other entities (e.g. contractors)	No
- 7 The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.	No
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	No
Receives financial support from the state.	No
Receives in-kind support from the state.	Yes
Receives financial support from private entities.	No
Receives in-kind support from private entities.	No
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

- 8 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.
- If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.
- If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.
- If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	Yes	No	Yes
Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	No	No	No	Yes
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	Yes	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	No	No	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

- 9 Select the option that best describes from where this activity is conducted.  
A combination of a central location and regional sites
- 10 If you indicated the use of regional sites, from how many regional sites is the activity conducted? 2
- 11 This activity is available (choose all that apply)
- |            |     |
|------------|-----|
| By website | No  |
| By phone   | Yes |
| By e-mail  | Yes |
| By mail    | Yes |
| In person  | Yes |
- 12 Select the option that best describes the policy of the program for charging individuals with disabilities for a loan.  
Nothing
- 13 Select the option that best describes the policy of the program for charging professionals for a loan.  
Nothing
- 14 Describe any supports provided to the consumer to ensure a successful loan.  
The majority of our device loans are made to consumers who have had a device demonstration and wish to take home the device to try out therefore they know how the device works. Other loans are made to schools to trial with students and we make sure the borrower knows how to use the equipment. Some of the simpler items can be explained over the phone or by reading the directions. We rarely, if ever, make a loan without some detailed contact with the consumer or their representative.
- 15 Devices in the load pool also are made available for the following (choose all that apply).
- |                             |     |
|-----------------------------|-----|
| Device demonstrations       | Yes |
| Evaluations and assessments | Yes |
| Training                    | Yes |
| Public awareness            | Yes |
- 16 How do you get the device to the consumer?  
The device is delivered to the consumer by staff
- 17 Provide any additional information about this activity you wish to share.  
We also mail devices to consumers and schools when requested. We have just instituted a device pickup agreement with Federal Express in order to make it easier for consumers to return the loaned items.

# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 E Device Loan Activity (2 of 2)

- 1 Select the option that best describes the type of program.  
Program for targeted consumers
- 2 If you indicated that you have a device loan program for targeted consumers or devices, describe the specific types of consumers or devices for whom this device loan program is intended and why.  
This device loan program is operated by the Vermont Family Network through a contract with the AT Program. VFN serves children and their families.
- 3 If you indicated that you have a device loan program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program.  
n/a
- 4 If you selected other, describe
- 5 Enter the year when the program began conducting this activity. 2008
- 6 Who conducts this activity? Check all that apply.

The Statewide AT Program	No
Other entities (e.g. contractors)	Yes
- 7 The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.	Yes
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	Yes
Receives financial support from the state.	No
Receives in-kind support from the state.	No
Receives financial support from private entities.	No
Receives in-kind support from private entities.	No
Coordinates and collaborates with other entities for the purpose of establishing a	Yes

new program or service.

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

- 8 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	Yes	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	No	No	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

- 9 Select the option that best describes from where this activity is conducted.  
One central location
- 10 If you indicated the use of regional sites, from how many regional sites is the activity conducted?
- 11 This activity is available (choose all that apply)
- |            |     |
|------------|-----|
| By website | No  |
| By phone   | Yes |
| By e-mail  | Yes |
| By mail    | Yes |
| In person  | Yes |
- 12 Select the option that best describes the policy of the program for charging individuals with disabilities for a loan.  
Nothing
- 13 Select the option that best describes the policy of the program for charging professionals for a loan.  
Nothing
- 14 Describe any supports provided to the consumer to ensure a successful loan.  
The majority of device loans are made to consumers who have had a device demonstration and wish to take home the device to try out therefore they know how the device works. Other loans are made to schools to trial with students and the subcontractor makes sure the borrower knows how to use the equipment. Some of the simpler items can be explained over the phone or by reading the directions. The subcontractor rarely, if ever, makes a loan without some detailed contact with the consumer or their representative.
- 15 Devices in the load pool also are made available for the following (choose all that apply).
- |                             |     |
|-----------------------------|-----|
| Device demonstrations       | Yes |
| Evaluations and assessments | Yes |
| Training                    | Yes |
| Public awareness            | Yes |
- 16 How do you get the device to the consumer?  
The consumer picks up the device at a designated site
- 17 Provide any additional information about this activity you wish to share.  
We also mail devices to consumers and schools when requested. We have just instituted a device pickup agreement with Federal Express in order to make it easier for consumers to return the loaned items.



# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 F Device Demonstration Activity (1 of 2)

- 1 Select the option that best describes the type of program.  
General program
- 2 If you indicated that you have a device demonstration program for targeted consumers or devices, describe the specific types of consumers or devices for whom this device demonstration program is intended and why.  
n/a
- 3 If you indicated that you have a device demonstration program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program.  
n/a
- 4 If you selected other, describe  
n/a
- 5 Enter the year when the program began conducting this activity. 1998
- 6 Who conducts this activity? Check all that apply.

The Statewide AT Program	Yes
Other entities (e.g. contractors)	Yes
- 7 The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.	Yes
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	Yes
Receives financial support from the state.	No
Receives in-kind support from the state.	Yes
Receives financial support from private entities.	No
Receives in-kind support from private entities.	Yes
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	Yes



Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

- 8 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.
- If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.
- If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.
- If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	Yes	No	Yes
Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	No	No	No	Yes
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	Yes	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	No	No	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

- 9 Select the option that best describes from where this activity is conducted.  
A combination of a central location and regional sites
- 10 If you indicated the use of regional sites, from how many regional sites is the activity conducted? 2
- 11 This activity is available (choose all that apply)
- |            |     |
|------------|-----|
| By website | No  |
| By phone   | No  |
| By e-mail  | No  |
| By mail    | No  |
| In person  | Yes |
- 12 Select the option that best describes the primary type of demonstrations provided by the program.  
In-person demonstrations from fixed regional sites  
Select the option that best describes the secondary type of demonstrations provided by the program.  
In-person demonstrations that move to multiple sites
- 13 Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration.  
Nothing
- 14 Select the option that best describes the policy of the program for charging professionals for a demonstration.  
Nothing
- 15 Devices in the demonstration pool also are made available for the following (choose all that apply).
- |                             |     |
|-----------------------------|-----|
| Device loans                | Yes |
| Evaluations and assessments | Yes |
| Training                    | Yes |
| Public awareness            | Yes |
- 16 Select the option that best describes what is shared with the device loan program.  
Both staff and space
- 17 Provide any additional information about this activity you wish to share.  
Demonstrations are an integral part of our program. Many of our demo's are conducted for Voc Rehab Transition counselors, students and other core transition team members. Many of these demo's happen at the school and are the basis for determining what the student needs for their transition to postsecondary education, employment or community living. We also provide demonstrations for all ages from preschool to seniors.



# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 F Device Demonstration Activity (2 of 2)

- 1 Select the option that best describes the type of program.  
Program for targeted consumers
- 2 If you indicated that you have a device demonstration program for targeted consumers or devices, describe the specific types of consumers or devices for whom this device demonstration program is intended and why.  
This device demonstration program is operated by the Vermont Family Network through a subcontract with the AT Program. VFN serves children and their families.
- 3 If you indicated that you have a device demonstration program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program.  
n/a
- 4 If you selected other, describe
- 5 Enter the year when the program began conducting this activity. 2000
- 6 Who conducts this activity? Check all that apply.

The Statewide AT Program	No
Other entities (e.g. contractors)	Yes
- 7 The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.	Yes
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	No
Receives financial support from the state.	No
Receives in-kind support from the state.	No
Receives financial support from private entities.	No
Receives in-kind support from private entities.	No
Coordinates and collaborates with other entities for the purpose of establishing a	No

new program or service.

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

- 8 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	No	No	Yes
Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	Yes	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	No	No	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

- 9 Select the option that best describes from where this activity is conducted.  
One central location
- 10 If you indicated the use of regional sites, from how many regional sites is the activity conducted?
- 11 This activity is available (choose all that apply)
- |            |     |
|------------|-----|
| By website | No  |
| By phone   | No  |
| By e-mail  | No  |
| By mail    | No  |
| In person  | Yes |
- 12 Select the option that best describes the primary type of demonstrations provided by the program.  
In-person demonstrations from a fixed location  
Select the option that best describes the secondary type of demonstrations provided by the program.  
In-person demonstrations that move to multiple sites
- 13 Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration.  
Nothing
- 14 Select the option that best describes the policy of the program for charging professionals for a demonstration.  
Nothing
- 15 Devices in the demonstration pool also are made available for the following (choose all that apply).
- |                             |     |
|-----------------------------|-----|
| Device loans                | Yes |
| Evaluations and assessments | Yes |
| Training                    | Yes |
| Public awareness            | Yes |
- 16 Select the option that best describes what is shared with the device loan program.  
Both staff and space
- 17 Provide any additional information about this activity you wish to share.  
Demonstrations are an integral part of the subcontractor's program. Most of the demos are conducted at the subcontractor's AT center for students, parents and teachers. Some of these demos happen at the schools and all are the basis for determining what the student needs to actively participate successfully in the classroom.



# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 G1 State Leadership Activities

### Training Activities

- 1 Who conducts this activity? Check all that apply.

The Statewide AT Program	Yes
Other entities (e.g. contractors)	Yes

- 2 The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.	Yes
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	Yes
Receives financial support from the state.	No
Receives in-kind support from the state.	Yes
Receives financial support from private entities.	No
Receives in-kind support from private entities.	No
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	Yes
Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.	Yes
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	Yes

- 3 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from	c. Receive support from	d. Collaborate with
--------------------------	------------------------	-------------------------	-------------------------	---------------------



		the state	these private entities	
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	No	No	Yes
Health, allied health, and rehabilitation-related agency	No	Yes	No	Yes
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	Yes	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	No	No	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

4 Select the option that best describes from where this activity is conducted.

A combination of a central location and regional sites

5 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

3

6 This activity is available (choose all that apply)

By website No  
By phone No  
By e-mail No  
By mail No  
In person Yes

7 Select the option that best describes how training is primarily provided.

At sites arranged by those receiving the training

- 8 Select the option that best describes the policy of the program for charging individuals with disabilities for training.  
Nothing
- 9 Select the option that best describes the policy of the program for charging professionals for training.  
Nothing
- 10 Provide any additional information about this activity you wish to share.  
We provide trainings on regular basis for schools, area agencies on aging, parents, other professionals including other ATPs, OTs, PTs, SLPs and others. Some trainings are scheduled and participants recruited and others are designed in response to a specific request by an organization. Examples of trainings we will be conducting in the upcoming year are, "Beyond Reading Glasses" focused on retaining the older worker and "How to switch adapt toys" as well as other specific product based trainings.

# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 G2 State Leadership Activities

### Technical Assistance Activities

- 1 Who conducts this activity? Check all that apply.

The Statewide AT Program	Yes
Other entities (e.g. contractors)	Yes

- 2 The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.	Yes
--	-----

Provides in-kind support to other entities via an agreement with the Statewide AT Program.	Yes
--	-----

Receives financial support from the state.	No
--	----

Receives in-kind support from the state.	Yes
--	-----

Receives financial support from private entities.	No
---	----

Receives in-kind support from private entities.	No
---	----

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	Yes
--	-----

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.	Yes
---	-----

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	Yes
---	-----

- 3 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from	c. Receive support from	d. Collaborate with
--------------------------	------------------------	-------------------------	-------------------------	---------------------

		the state	these private entities	
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	Yes	No	Yes
Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	Yes	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	No	No	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

4 Select the option that best describes from where this activity is conducted.

A combination of a central location and regional sites

5 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

3

6 This activity is available (choose all that apply)

By website No  
 By phone Yes  
 By e-mail Yes  
 By mail Yes  
 In person Yes

7 Select the option that best describes the policy of the program for charging for technical

assistance.

Nothing

- 8 Provide any additional information about this activity you wish to share.

Technical assistance usually comes from a specific request, usually from state agencies or schools. It often involves ensuring that websites or other computer related processes are accessible or determining what software applications are the most universally accessible.

# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 G3 State Leadership Activities

### Public Awareness Activities

- 1 Who conducts this activity? Check all that apply.

The Statewide AT Program	Yes
Other entities (e.g. contractors)	Yes

- 2 The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.	Yes
--	-----

Provides in-kind support to other entities via an agreement with the Statewide AT Program.	Yes
--	-----

Receives financial support from the state.	No
--	----

Receives in-kind support from the state.	No
--	----

Receives financial support from private entities.	Yes
---	-----

Receives in-kind support from private entities.	No
---	----

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	Yes
--	-----

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.	Yes
---	-----

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	Yes
---	-----

- 3 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from	c. Receive support from	d. Collaborate with
--------------------------	------------------------	-------------------------	-------------------------	---------------------

		the state	these private entities	
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	No	No	Yes
Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	No	No	No	Yes
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	Yes	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	No	No	Yes	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

4 Select the option that best describes from where this activity is conducted.

A combination of a central location and regional sites

5 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

3

6 This activity is available (choose all that apply)

By website Yes  
 By phone Yes  
 By e-mail Yes  
 By mail Yes  
 In person Yes

7 Describe the activity.

Public awareness includes resources tables at a myriad of conferences, attending wellness fairs, senior events, large mailings about new programs, website information. Also presentations to groups at their annual events, OTs, PTs, educators, voc rehab counselors, parent groups, specific disability groups.



# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 G4 State Leadership Activities

### Information and Assistance Activities

- 1 Who conducts this activity? Check all that apply.

The Statewide AT Program	Yes
Other entities (e.g. contractors)	Yes

- 2 The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.	Yes
--	-----

Provides in-kind support to other entities via an agreement with the Statewide AT Program.	Yes
--	-----

Receives financial support from the state.	No
--	----

Receives in-kind support from the state.	No
--	----

Receives financial support from private entities.	No
---	----

Receives in-kind support from private entities.	No
---	----

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	No
--	----

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.	Yes
---	-----

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	Yes
---	-----

- 3 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from	c. Receive support from	d. Collaborate with
--------------------------	------------------------	-------------------------	-------------------------	---------------------

		the state	these private entities	
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	Yes
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	No	No	Yes
Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	No	No	No	Yes
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	Yes	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	No	No	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

4 Select the option that best describes from where this activity is conducted.

A combination of a central location and regional sites

5 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

3

6 This activity is available (choose all that apply)

By website Yes  
 By phone Yes  
 By e-mail Yes  
 By mail Yes  
 In person Yes

7 Describe the activity.

Information and assistance activities include phone calls, emails and walk ins that come thru our central office, regional sites and subcontractor. I & As are usually responded to immediately. A referral may be made to another organization, a suggestion of where to obtain an item; how to obtain funding; often information is mailed or emailed to the inquirer after more research is done. Many times the I&A turns into an intake process for someone who needs another AT service we provide, i.e., demonstrations and equipment loan.

# Assistive Technology State Grant Program

## Vermont State Plan for FY 2009-2011 Section H: Assurances and Signature

- |    |   |     |
|----|---|-----|
| 1  | As Certifying Representative of the Lead Agency for the State of Vermont, I hereby assure the following.  | Yes |
| 2  | The Lead Agency prepared and submitted this State Plan on behalf of the State of Vermont.   | Yes |
| 3  | The Lead Agency submitting this plan is the State agency that is eligible to submit this plan.  | Yes |
| 4  | The State agency has authority under State law to perform the functions of the State under this program.  | Yes |
| 5  | The State legally may carry out each provision of this plan.  | Yes |
| 6  | All provisions of this plan are consistent with State law.  | Yes |
| 7  | A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan.                                    | Yes |
| 8  | The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.   | Yes |
| 9  | The agency that submits this plan has adopted or otherwise formally approved this plan.   | Yes |
| 10 | The plan is the basis for State operation and administration of the program.  | Yes |
| 11 | The Lead Agency will maintain and evaluate the program under this State Plan.   | Yes |
| 12 | The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act. | Yes |

13	The Lead Agency will submit the progress report on behalf of the State.	Yes
14	The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary.	Yes
15	The Lead Agency will control and administer the funds received through the grant.	Yes
16	The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.	Yes
17	Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services.	Yes
18	The Lead Agency will ensure conformance with Federal and State accounting requirements.	Yes
19	The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant.	Yes
20	Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability.	Yes
21	A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property.	Yes
22	The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities. Section 4(d)(6)(E)	Yes
23	Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d). Section 4(d)(6)(G)	Yes

- 24 The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to entering into interagency agreements. Yes
- 25 The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant. Yes
- 26 Describe how your program will conform to section 427 of General Education Provisions Act by describing the steps you propose to take to ensure equitable access to, and participation in, your program for students, teachers, and other program beneficiaries with special needs.

Vermont GEPA Provision

The Vermont Division of Vocational Rehabilitation will take all the necessary steps to ensure that all partners and subcontractors will comply with the GEPA (General Education Provisions Act), section 427. We will ensure that all people have equal access to and equitable participation in our programs and services. We will not discriminate on the basis of gender, race, national origin, color, disability or age. All programs and materials will be developed so that children and adults with disabilities and those with diverse backgrounds will be able to successfully and fully participate. For example:

1. Although only 3.2% of the population of Vermont is currently identified as being from one of the RSA designated minority groups in the 2000 Census, Vermont is experiencing a significant rise in residents from diverse backgrounds. Vermont towns such as Burlington and Barre have immigrant and refugee communities originating from places as diverse as Bosnia, Vietnam and the Sudan. VR is involved in outreach activities to reach individuals with disabilities from minority backgrounds through ongoing contact with the Refugee Resettlement program and ALANA (the organization representing Asian, Latin American and Native American populations). Through various programs, VR also has reached out to the Abenaki Indian Tribe. VR strongly values respect for the individual and their informed choices and ensures that all of its activities are culturally sensitive.
2. All materials are available in appropriate formats, including Braille, large print, cd, or via sign language interpreter. The Refugee Resettlement Project has interpreters available for those whose primary language is not English.
3. VR holds all meetings, workshops and other activities in physically accessible locations. In addition, VR maintains a statewide list of accessible meeting sites that is available to all State agencies. These sites are periodically reassessed and new facilities added. Training materials are available in alternative formats for those staff with visual impairments, and interpreters for staff who are deaf and hearing impaired are regularly employed for meetings and other activities. VR has ready access to translators for staff with limited English proficiency. Registration forms offer space to request specific accommodations needed to fully participate in the training activity.
4. We will ensure that our web site is accessible and will only link to other accessible websites.

27 Access Goal Table

Access	Education	Employment	Community Living	IT/Telecomm
a. Long-term Goal	75.00	50.00	50.00	50.00

b. Long-term Goal Status	Not met	Not met	Not met	Not met
c. FY 2007 Performance	24.67	14.13	32.48	17.91
d. FY 2008 Short-term goal	12.00	20.00	25.00	20.00
e. FY 2008 Performance	12.47	21.18	29.41	20.41
f. FY 2008 Status	Met	Met	Met	Met
g. FY 2009 Short-term goal	50.00	35.00	40.00	30.00
h. FY 2009 Performance	0.00	0.00	0.00	0.00
i. FY 2009 Status				
j. FY 2010 Short-term goal	75.00	50.00	50.00	50.00
k. FY 2010 Performance	0.00	0.00	0.00	0.00
l. FY 2010 Status				

## 28 Acquisition Goal Table

Acquisition	Education	Employment	Community Living
a. Long-term Goal	60.00	25.00	65.00
b. Long-term Goal Status	Not met	Not met	Not met
c. FY 2007 Performance	25.00	0.00	44.44
d. FY 2008 Short-term goal	35.00	5.00	40.00
e. FY 2008 Performance	44.44	6.25	43.14
f. FY 2008 Status	Met	Met	Met
g. FY 2009 Short-term goal	50.00	15.00	50.00
h. FY 2009 Performance	0.00	0.00	0.00
i. FY 2009 Status			
j. FY 2010 Short-term goal	60.00	25.00	65.00
k. FY 2010 Performance	0.00	0.00	0.00
l. FY 2010 Status			

29 Name of Certifying Representative for the Lead Agency Joan Senecal

30 Title of Certifying Representative for the Lead Agency Commissioner Dept. of Disabilities Aging and Independent Living

31 Signed? Yes

32 Date Signed 01/23/2009

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is 1820-0664. The time required to complete this information collection is estimated to average 75 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4760. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: Robert Groenendaal.